

PART B—ISSUE FEE TRANSMITTAL

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Assistant Commissioner for Patents
Washington, D.C. 20231

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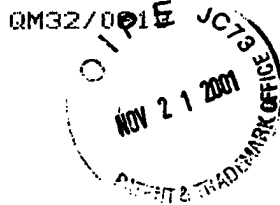
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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

MEDTRONIC INC
 700 CENTRAL AVENUE NE
 MINNEAPOLIS MN 55432



APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/399,318	09/20/99	034	SCHAETZLE, K 3762	08/13/01
First Named Applicant: VAN DORT, 35 USC 154(b) term ext. = 0 Days.				

TITLE OF INVENTION: **CARDIAC PACING SYSTEM WITH IMPROVED PHYSIOLOGICAL EVENT CLASSIFICATION AND HEART MONITORING BASED ON DSP**

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
0 P-7739-CIP	607-009.000	K52	UTILITY	NO	\$1240.00	11/13/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. THOMAS F. WOODS
 2. THOMAS G. BERRY
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE MEDTRONIC INC.

(B) RESIDENCE: (CITY & STATE OR COUNTRY) MINNEAPOLIS, MN.

Please check the appropriate assignee category indicated below (will not be printed on the patent)
☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

- ☐ Issue Fee
☐ Advance Order - # of Copies _____

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DEPOSIT ACCOUNT NUMBER 13-2546
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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

[Signature]

(Date)

11-19-01

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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11/23/2001 MFANNE11 00000005 132546 09399318

01 FC:142
 02 FC:561

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 30.00 CH

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AUG 17 2001

LAW DEPARTMENT
 MEDTRONIC, INC.

TRANSMIT THIS FORM WITH FEE